## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC 046 (0010476)

Address: 1715 - 19TH STREET, EAU CLAIRE, WI 54703

**License Status: REGULAR** 

Licensed/Certified/Registered 03/18/2004

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History** 

Compliance

Verified

Corrected

Survey ID: 0096738 End Date: 03/14/2006 Type: STANDARD Purpose: SURVEY

**Results: STATEMENT OF DEFICIENCY ISSUED** 

Statement of Deficiency: #10009830 Served 03/22/2006

Deficiencies Cited Subject Area

88.05(3)(a) HOME ENVIRONMENT

Survey ID: 0092231 End Date: 03/12/2004 Type: INITIAL Purpose: SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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